

# TOWN OF ACTON BOARD OF HEALTH

## Application for Food Service Permit

Please Check Appropriate Classification and Remit Fee Accordingly

### Restaurant

- ☐ 0 Seats (\$100)
- ☐ 1-40 Seats (\$150)
- ☐ 41-100 Seats (\$250)
- ☐ 100 + Seats (\$300)
- ☐ Deli (\$60)
- ☐ Hot Bar (\$35)
- ☐ Cold Bar (\$35)
- ☐ Cafeteria (\$250)
- ☐ Frozen Dessert (\$60)
- ☐ Utility Kitchen (\$30)

### Market

- ☐ Deli (\$60)
- ☐ Bulk (\$35)
- ☐ Milk/Cream (\$15)
- ☐ Retail (<10,000 s.f.) (\$125)
- ☐ Retail (>10,000 s.f.) (\$200)
- ☐ Sundries (\$40)

### ☐ Temporary

(\$30 event/\$60 year)

### ☐ Catering (\$150)

### ☐ Bakery (\$60)

### ☐ Residential Kitchen (\$40)

### ☐ Mobile Food (\$60)

### ☐ Pushcart (\$60)/6 mo.

Provide the following information under the authority of the General Laws of the Commonwealth of Massachusetts, Chapter 94, Section 305A, and Chapter 3, Section 5.

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Telephone: \_\_\_\_\_

Owners and/or Corporate Officers: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Manager(s): \_\_\_\_\_

Operating Schedule: \_\_\_\_\_

Total Seating Capacity: \_\_\_\_\_

Types of Foods Served and/or Sold (Attach Menu): \_\_\_\_\_

Employee(s) trained in the Heimlich Maneuver: \_\_\_\_\_  
(Required while food is being served in restaurants with 25 or more seats) (Attach copy of certification)

Employee(s) that are Certified Food Protection Managers: \_\_\_\_\_  
(Attach copy of certification)

Size of Establishment (sq. Ft.): \_\_\_\_\_

Size of Septic System (design flow/gallons/day) \_\_\_\_\_

Methods and Frequency of Sanitizing Equipment: \_\_\_\_\_

Type of Sanitizer used: \_\_\_\_\_

Remit Application and Fee to:  
Acton Board of Health – 472 Main Street, Acton, MA 01720

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